



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3291

<b>SERIAL NUMBER</b> 09/251,480	<b>FILING DATE</b> 02/17/1999 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2155	<b>ATTORNEY DOCKET NO.</b> 06777.0001
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**APPLICANTS**

KAMRAN AMJADI, BETHESDA, MD;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/08/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

Jason Karp, Esq  
General Counsel  
E-Centives, Inc.  
6903 Rockledge Drive, Suite 1200  
Bethesda, MD 20817

**TITLE**

INCENTIVE NETWORK

<b>FILING FEE RECEIVED</b> 999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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<b>SERIAL NUMBER</b> 09/251,480	<b>FILING DATE</b> 02/17/1999 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2155 2157	<b>ATTORNEY DOCKET NO.</b> 06777.0001
<b>APPLICANTS</b> KAMRAN AMJADI, BETHESDA, MD;				
** CONTINUING DATA ***** None, 100				
** FOREIGN APPLICATIONS ***** None, 100				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/08/1999				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>KMB</i> Initials <i>UD</i>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21
			<b>INDEPENDENT CLAIMS</b> 5	
<b>ADDRESS</b> JAMES G. GATTO MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C 11911 FREEDOM DRIVE SUITE 400 RESTON, VA 20190				
<b>TITLE</b> INCENTIVE NETWORK				
<b>FILING FEE RECEIVED</b> 999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	